

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No.
10/574,730

Filing Date

Applicant(s)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51	/				
2		/						52	/				
3		/						53	/				
4		/						54	/				
5		/						55	/				
6		/						56	/				
7		/						57	/				
8		/						58	/				
9		/						59	/				
10		/						60					
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12		/						62					
13		/						63					
14	/							64					
15		/						65					
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18	/							68					
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39		/						89					
40		/						90					
41		/						91					
42		/						92					
43		/						93					
44		/						94					
45		/						95					
46		/						96					
47		/						97					
48		/						98					
49		/						99					
50		/						100					
TOTAL IND.			↓		↓		↓	TOTAL IND.	9	↓		↓	
TOTAL DEP.			←		←		←	TOTAL DEP.	50	←		←	
TOTAL CLAIMS			██████████		██████████		██████████	TOTAL CLAIMS	59	██████████		██████████	